Cumulative effect of fear of stigma from health professionals and family / neighbors and health care avoidance among PLHIV in Morocco

Results from the Stigma Index Survey Morocco (2016)

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No conflict of interest to declare
Background

- Since 2015, entry into the HIV care cascade in Morocco has been facilitated by community screening and the “test and treat” strategy.

- However, experience and/or fear of stigma among people living with HIV (PLHIV) can hinder entry into the care system.

We identified factors associated with having avoided HIV health services for fear of stigma using the Stigma Index Morocco survey.

PLHIV (estimated): 21,500
Prevalence in population: 0.08%
Higher prevalence among KP*

Hostile environment for KP
METHODS (1/2)

• The ALCS, the first HIV/AIDS community-based organization in Morocco and Coalition PLUS member, in collaboration with the Ministry of Health, UNAIDS and the Global Fund, conducted the Stigma Index survey in Morocco (March-June 2016) among PLHIV.
  – 15 interviewers living with HIV and 5 supervisors.
  – adapted and translated into French and Moroccan dialects.
  – several themes were explored, including: sociodemographics, experiences of stigma and discrimination and health-seeking behavior.

• A study sample size of 640 was determined; recruitment in 8 cities, within medical care centers in Morocco (9 sites)

• Temporal cluster sampling:
  – Randomly drawn cluster of 10 PLHIV, consisting of 5 men and 5 women, was drawn at each participating medical care center among the outpatients scheduled for a visit on that specific day.
METHODS (2/2)

• Factors associated with having avoided HIV testing and treatment services for fear of stigma were assessed using multinomial logistic regression models.

• Comparison of respondents who had not avoided HIV health services for fear of stigma (reference) to those who had avoided HIV health services for fear of stigma from:
  • (A) health personnel or family/neighbors and
  • (B) health personnel and family/neighbors ➔ cumulative effect
RESULTS (1/4): characteristics of respondents

A total of **583 participants** were included in this analysis

- Women: 48.0%
- Median age: 36 [IQR: 29-43]
- Secondary ed. or higher: 50.0%
- Median yrs living with HIV: 5 [IQR: 2-7]
- On ARV treatment: 96.2% (37.8% of whom had easy access)

18.0% reported discrimination by other PLHIV
27.2% reported being excluded from social activities

39.1% had avoided HIV health services for fear of stigma by health personnel or family/neighbors

11.7% had avoided HIV health services for fear of stigma by health personnel and family/neighbors
**RESULTS (2/4): univariate results**

Compared to people who had not avoided HIV health services for fear of stigma, \( N=583 \) (**\( p<0.05 \))

<table>
<thead>
<tr>
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<th>RRR [95%CI]</th>
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<tr>
<td></td>
<td>Health personnel <strong>or</strong></td>
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<td>family/neighbors</td>
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<td>Health personnel <strong>and</strong></td>
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<td></td>
<td>family/neighbors</td>
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<tr>
<td>Being female (vs. male)</td>
<td>1.63 [1.15-2.31]**</td>
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<tr>
<td></td>
<td>3.64 [2.05-6.46]**</td>
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<tr>
<td>Number of years living with HIV (for one year more)</td>
<td>1.02 [0.98-1.05]</td>
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<tr>
<td>Not referred for HIV testing due to symptoms suspected to be related to HIV (vs. referred)</td>
<td>1.21 [0.84-1.73]</td>
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<td>Fair or poor current health status (vs. excellent or very good or good)</td>
<td>1.49 [1.05-2.11]**</td>
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<tr>
<td>Having discussed sexual and reproductive health with a health professional (vs. not having discussed)</td>
<td>0.79 [0.54-1.17]</td>
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RESULTS (3/4): univariate results

Compared to people who had not avoided HIV health services for fear of stigma, \( N=583 \) (**\( p<0.05 \))

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<thead>
<tr>
<th>RRR[95%CI]</th>
<th>Health personnel or family/neighbors</th>
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<tbody>
<tr>
<td><strong>Having been excluded from social activities at least once (vs. never)</strong></td>
<td>1.82 [1.22-2.72]**</td>
<td>3.31[1.89-5.78]**</td>
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<td><strong>Having been discriminated against by PLHIV at least once (vs. never)</strong></td>
<td>1.85[1.14-2.99]**</td>
<td>3.73[2.02-6.91]**</td>
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<td><strong>Not having easy access to antiretroviral treatment (vs. having easy access)</strong></td>
<td>1.53[1.03-2.26]**</td>
<td>2.50[1.38-4.53]**</td>
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<tr>
<td><strong>Not feeling power/empowered to influence decisions on local projects concerning PLHIV (vs. feeling power/empowered)</strong></td>
<td>1.27[0.85-1.90]</td>
<td>2.99[1.37-6.54]**</td>
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### Results (4/4): Multivariate Results

Factors independently associated with having avoided HIV testing and treatment services for fear of stigma* (reference: people who did not avoid HIV health services for fear of stigma), \( N=555 \)

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<td>Health personnel or family/neighbors</td>
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<tr>
<td>Being female (vs. male)</td>
<td>1.44 [0.99-2.10]</td>
<td>2.85 [1.48; 5.47]**</td>
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<tr>
<td>Having been excluded from social activities at least once (vs. never)</td>
<td>1.70 [1.10; 2.61]**</td>
<td>2.63 [1.39; 5.00]**</td>
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<tr>
<td>Having been discriminated against by PLHIV at least once (vs. never)</td>
<td>1.87 [1.12; 3.13]**</td>
<td>3.35 [1.63; 6.88]**</td>
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<td>Having discussed sexual and reproductive health with a health professional (vs. not having discussed)</td>
<td>0.82 [0.54-1.25]</td>
<td>4.56 [2.38; 8.71]**</td>
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<tr>
<td>Not having easy access to antiretroviral treatment (vs. having easy access)</td>
<td>1.76 [1.16; 2.68]**</td>
<td>2.18 [1.11; 4.27]**</td>
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*After adjustment on current health, not feeling empowered to influence decisions on local projects for PLHIV and not having been referred for symptoms of HIV suspected to be related to HIV as reason for HIV test.

** \( p<0.05 \)
KEY MESSAGES

Results demonstrate a cumulative effect of fear of stigma and discrimination at the community and health service levels among PLHIV in Morocco.

• PLHIV who have experienced discrimination or social exclusion seek to avoid reproducing the experience at the expense of their health.

• The impact of avoiding HIV testing and treatment services needs to be further explored, including but not limited to the impact on the HIV treatment cascade.

• Women seem to be particularly concerned by healthcare services avoidance for fear of stigma and discrimination.
WHERE DO WE GO FROM HERE?

- **Multi-level interventions** are needed to **raise awareness** and reduce experience or fear of stigma
  - Priority targets: family and community members, health service professionals, community leaders, civil society and policy makers

- **PLHIV should be implicated in the development of adapted programs and strategies** to provide equal and respectful services for PLHIV (community-based approach)
  - Social support programs
  - Training for health service professionals

- Surveillance of stigma experienced by PLHIV is important; Stigma Index 2.0 is planned
THANK YOU FOR YOUR ATTENTION!

ACKNOWLEDGEMENTS:
We would like to thank participants of the Stigma Index study.

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FOR MORE INFORMATION, PLEASE FEEL FREE TO CONTACT:

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